



**IOWA DEPARTMENT OF NATURAL RESOURCES  
WILDLIFE REHABILITATION PERMIT APPLICATION**

Customer Service Bureau – Licensing Section  
502 East 9<sup>th</sup> Street  
Wallace State Office Building  
Des Moines, Iowa 50319-0034

- ☐ New Applicant
- ☐ Renewal Applicant (Annual report and narrative must be enclosed.)  
Last Year's License Number: \_\_\_\_\_
- ☐ A. Apprentice – (Include information related to sponsor in narrative portion. A note from sponsor is also required.)
- ☐ B. General Class
- ☐ C. Master Class

A detailed narrative description of the project for which a permit is being applied *must* be attached or the application will be returned. The narrative must include the names of all persons working on the project, the species or the groups of plants or animals to be included, period of the project, location of the project and the reason the project is being undertaken.

**License or permit fees:**

Please check the applicable box.

- ☐ \$5 for one year
- ☐ \$10 for two years
- ☐ \$15 for three years

*Apprentices should apply for one or two years depending on the sponsor's classification.*

Organization (optional): \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

*FOR OFFICIAL USE ONLY*

Please PRINT the name and date of birth  
for all persons assisting with the collection:

_____	_____
_____	_____
_____	_____
_____	_____

(Add additional sheet if necessary.)

**Verification By Official Institution**  
(Director, President, etc.)

\_\_\_\_\_

**This application requires the approval and signature of your local DNR Law Enforcement Officer.**

\_\_\_\_\_  
**Officer's Signature**

- ☐ **Facilities Adequate**
- ☐ **Applicant Understands Regulations**
- ☐ **Narrative & Report Attached**
- ☐ **APPLICATION APPROVED**
- ☐ **APPLICATION DENIED**

\_\_\_\_\_  
**Endangered Species Coordinator**

\_\_\_\_\_  
**Bureau Chief**

### **Threatened or Endangered Species**

Work with threatened or endangered species requires approval by the appropriate bureau and the authorization of the Director of the Department of Natural Resources or the Director's designee.

All persons engaged in collecting under the authority of a scientific collecting permit must carry a photocopy of the permit and display it upon request of any DNR employee. Collecting for this project by anyone not listed on the scientific collecting license is prohibited.

\_\_\_\_\_  
**Director's Signature or Designee**

\_\_\_\_\_  
**Date**

**IOWA DEPARTMENT OF NATURAL RESOURCES  
WALLACE STATE OFFICE BUILDING  
DES MOINES, IOWA 50319-0035**

**IOWA WILDLIFE REHABILITATION REPORT**  
LICENSE YEAR 19\_\_\_\_\_

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Code of Iowa 481A.65; Each holder of a license or permit shall, by January 31 of each year, file with the Department a report showing all specimens collected or possessed under authority of the license or permit. Upon a showing of cause the department may enter and inspect the premises and collections authorized by this section. A license or permit may be revoked at any time for cause.

The following code should be used to indicate disposition:

**D - Died**   **PC - Permanent cripple**   **E - Euthanized**   **R - Released**  
**P - Pending**   **I - Placed with Institution (Give Name of Institution)**

SPECIES	DATE REC'D	REASON OBTAINED	DISPOSITION/DATE

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

[illegible]